



APPLICATION FOR VOLUNTEER

CLAY COUNTY

"Equal Opportunity/Affirmative Action Employer"

PERSONAL INFORMATION

First	MI	Last	Date
Street Address			City, State, Zip
Home Phone	Business Phone		Email Address

EDUCATION

School	School Name	City & State of School	Course of Study	No of Years Completed	Did you Graduate?	Degree/ Diploma
High School					<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> In Progress	<input type="checkbox"/> Diploma <input type="checkbox"/> GED
College/University					<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> In Progress	<input type="checkbox"/> Associates <input type="checkbox"/> Bachelor <input type="checkbox"/> Masters <input type="checkbox"/> Other:
Business/Trade/ Technical School					<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> In Progress	
Graduate School					<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> In Progress	
Other (Specify)					<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> In Progress	

EMPLOYMENT HISTORY (Start with present or most recent employer.)

What is your present employment status? Currently employed_____ Not Employed_____ Retired_____

1. Company Name		Job Title	
Address		Name and Title of Supervisor	
Telephone	Salary Start: Last:	Dates Employed (month and year) From: To:	
Describe Your Duties and Responsibilities		Reason for Leaving	May we contact this person? <input type="checkbox"/> Yes <input type="checkbox"/> No

2. Company Name		Job Title	
Address		Name and Title of Supervisor	
Telephone	Salary Start: Last:	Dates Employed (month and year) From: To:	
Describe Your Duties and Responsibilities		Reason for Leaving	May we contact this person? <input type="checkbox"/> Yes <input type="checkbox"/> No

3. Company Name		Job Title	
Address		Name and Title of Supervisor	
Telephone	Salary Start: Last:	Dates Employed (month and year) From: To:	
Describe Your Duties and Responsibilities		Reason for Leaving	May we contact this person? <input type="checkbox"/> Yes <input type="checkbox"/> No

4. Company Name		Job Title	
Address		Name and Title of Supervisor	
Telephone	Salary Start: Last:	Dates Employed (month and year) From: To:	
Describe Your Duties and Responsibilities		Reason for Leaving	May we contact this person? <input type="checkbox"/> Yes <input type="checkbox"/> No

Have you ever been discharged or asked to resign by any employer? No_____ Yes_____ If yes, please explain:

Criminal Background

Clay County requires all individuals working or volunteering work time for the County to undergo a background Check.

SPECIAL SKILLS AND ABILITIES

Please identify any special skills, training and abilities you feel may be useful to Clay County:

AVAILABILITY AND TIME COMMITMENT

How much time are you willing to provide to Clay County?

Regular schedule: How many hours per week _____? Per Month _____?
Available for special assignments as needed: _____ Explain: _____

Other arrangements or wishes: _____

Do you have a current MN driver’s license? No _____ Yes _____ DL Number _____

Please state briefly why you would like to be a part of Clay County?

REFERENCES (Not relatives or supervisor’s listed above)

Name	Relationship to Applicant	Address	Phone Number

Person to contact in the event of an emergency:
Name _____ Phone _____

I certify that all information contained in this application is true and complete to the best of my knowledge and belief. I further understand that acceptance into a volunteer position with Clay County is contingent upon investigation of my previous employment record and references. I acknowledge that any volunteer position I accept is a non-paid position and that my volunteer status does not form or express any employment relationship with the Clay County. I understand that if accepted into a volunteer status that I represent Clay County and that all assignments will be performed with courtesy, dignity, respect, and in a manner that will bring honor to Clay County. I understand that if accepted into a volunteer status that I will abide by the guidelines and job duties as outlined to me. I understand that it is my responsibility to familiarize myself with this information. I further understand that this information is subject to change and that Clay County reserves the right to amend or terminate that information and that any changes will immediately supersede the current contents and I agree to observe these changes in all respects.

I also acknowledge that I may be asked as a volunteer to use my personally owned vehicle for this volunteer work. As such, I acknowledge that I have the liability insurance coverage and will provide proof of that insurance upon request.

I understand and acknowledge that my volunteer status may result in my receiving information that may be considered confidential in nature. I understand and agree that I will exercise strict confidence and reasonable care to prevent disclosure to others. I agree that I will not divulge any information to the media or persons outside of Clay County unless first authorized to do so in writing by Clay County.

Signature _____ Date _____